

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/112,214</u>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2	/						52			
3	/						53			
4	13						54			
5	13						55			
6	④1						56			
7	1④						57			
8	④1						58			
9	1④						59			
10	④1						60			
11	1④						61			
12	/						62			
13	④1						63			
14	1④						64			
15	④1						65			
16							66			
17							67			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	13	↔	↔	↔			TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	15						TOTAL CLAIMS			